DIVISION OF WATER POLLUTION CONTROL
NPDES UNIT PERMIT SECTION
2200 CHURCHILL ROAD
SPRINGFIELD, ILLINOIS 62706
217/782-3035

WPC-PS

IL-0199-09
R05-8212-01A

Date Received by IEPA

RENEWAL OF NPDES APPLICATION

1. Name of Applicant: (Mobil Chemical Company,)* a Division of Mobil Oil Corp.
2. Address of Applicant: 1 Greenway Plaza, Houston, TX 77046
   Telephone Number: (713) 626-8800
3. Name of Facility: Joliet Styrenics Plant**
4. Existing NPDES Permit #IL: IL 000 1619
   Date of Issuance: February 25, 1975
   Expiration Date: October 1, 1978
5. The map described in Item 3 of the instructions must accompany any renewal request unless it was submitted pursuant to the October 24, 1977 memorandum or the application will be deemed to be incomplete.
   Map already submitted? ___ Yes XX No

A. Indicate the following both here and on the map described in item 5 above.
   Specific location where effluent samples are taken. (See instructions for examples.): Effluent Sampling at the overflow weir, which is located downstream of the Clear Lagoon

B. Specific location where influent samples are taken. (See instructions for examples.): Influent Sampling Directly from the Equilization Pond

6. Has a substantial change in flow rates, production changes, degree of treatment or effluent quality taken place since the last NPDES Permit was issued? XX Yes ___ No. (See Illinois EPA Permit No. 1976 EB 961, issued July 9, 1976)

7. I/We hereby request renewal of the NPDES Permit as indicated above.

Signature: J E Crawford

Printed Name of Person Signing: J. E. Crawford

Title: V.P.-Mobil Chem Co/Asst. GM - Petrochemical Division

Dated: 5/4/78

*FORMERLY Rexene Styrenics Company, a Division of Dart Industries, Inc.

**P.O. Box 550
Joliet, IL 60434
(815) 423-5541

OMB No. 158-R0190

FOR AGENCY USE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
APPLICATION FOR PERMIT TO DISCHARGE WASTEWATER

STANDARD FORM C – MANUFACTURING AND COMMERCIAL

SECTION I. APPLICANT AND FACILITY DESCRIPTION

Unless otherwise specified on this form all items are to be completed. If an item is not applicable indicate 'NA.'

ADDITIONAL INSTRUCTIONS FOR SELECTED ITEMS APPEAR IN SEPARATE INSTRUCTION BOOKLET AS INDICATED. REFER TO BOOKLET BEFORE FILLING OUT THESE ITEMS.

Please Print or Type

1. Legal Name of Applicant (see instructions)	101	Mobil Chemical Company, a Division of Mobil Oil Corporation
2. Mailing Address of Applicant (see instructions) Number & Street	102a	1 Greenway Plaza, Suite 1100
City	102b	Houston,
State	102c	Texas
Zip Code	102d	77046
3. Applicant's Authorized Agent (see instructions) Name and Title	103a	G. L. Sarver, Jr. Mgr. of Manufacturing - Styrenics
Number & Street Address	103b	P.O. Box 550
City	103c	Joliet,
State	103d	Illinois
Zip Code	103e	60434
Telephone	103f	815 (Area Code) 423-5541 (Number)
4. Previous Application If a previous application for a National or Federal discharge permit has been made, give the date of application. Use numeric designation for date.	104	71 09 29 (YR MO DAY)

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DWPC, Permit Section
NPDES UNIT

I certify that I am familiar with the information contained in this application and that to the best of my knowledge and belief such information is true, complete, and accurate.

J. E. Crawford Printed Name of Person Signing	102e	VP - Mobil Chemical Company Ass't Gen. Mgr. - Petrochem. Div. Title
x J. E. Crawford Signature of Applicant ~~or Authorized Agent~~	102f	78 5 4 YR MO DAY Date Application Signed

18 U.S.C. Section 1001 provides that:

Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and wilfully falsifies, conceals or covers up by any trick, scheme, or device a material fact, or makes any false, fictitious or fraudulent statement or representation, or makes or uses any false writing or document knowing same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than $10,000 or imprisoned not more than five years, or both.

FOR AGENCY USE

Received ___ ___ ___ (YR MO DAY)

OFFICE: ____EPA Region Number
____State

FOR AGENCY USE

5. Facility/Activity (see instructions) Give the name, ownership, and physical location of the plant or other operating facility where discharge(s) does or will occur.

Name	105a	Mobil Chemical Company Joliet Styrenics Plant (formerly Rexene Styrenics Company, Joliet Plant)
Ownership (Public, Private or Both Public and Private)	105b	☐ PUB ☒ PRV ☐ BPP
Check block if Federal Facility and give GSA Inventory Control Number	105c	☐ FED
	105d	
Location Street & Number	105e	Intersection: I-55 and Old Arsenal Road
City	105f	Joliet
County	105g	Will
State	105h	Illinois

6. Nature of Business State the nature of the business conducted at the plant or operating facility.

	106a	Manufacturing of polystyrene and ABS resin.
	106b	AGENCY USE

7. Facility Intake Water (see instructions) Indicate water intake volume per day by sources. Estimate average volume per day in thousand gallons per day.

Municipal or private water system	107a	NA thousand gallons per day
Surface water	107b	NA thousand gallons per day
Groundwater	107c	182 thousand gallons per day
Other*	107d	10 thousand gallons per day
Total Item 7	107e	192 thousand gallons per day
*If there is intake water from 'other,' specify the source.	107f	Storm water to process area.

8. Facility Water Use Estimate average volume per day in thousand gallons per day for the following types of water usage at the facility. (see instructions)

Noncontact cooling water	108a	5 thousand gallons per day
Boiler feed water & other utilities	108b	110 thousand gallons per day
Process water (including contact cooling water)	108c	55 thousand gallons per day
Sanitary water	108d	2 thousand gallons per day
Other*	108e	10 thousand gallons per day
Total Item 8	108f	192 thousand gallons per day
*If there are discharges to 'other,' specify.	108g	Contaminated storm water.
If there is 'Sanitary' water use, give the number of people served.	108h	200 people served

OMB No. [illegible]

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9. All Facility Discharges and other Losses; Number and Discharge (see instructions) Volume Specify the number of discharge points and the volume of water discharged or lost from the facility according to the categories below. Estimate average volume per day in thousand gallons per day.

		Number of Discharge Points		Total Volume Used or Discharged, Thousand Gal/Day
Surface Water	109a1	1	109a2	123
Sanitary wastewater transport system	109b1		109b2	
Storm water transport system	109c1		109c2	
Combined sanitary and storm water transport system	109d1		109d2	
Surface Impoundment with no effluent	109e1		109e2	
Underground percolation	109f1		109f2	
Well Injection	109g1		109g2	
Waste acceptance firm (as sludge)	109h1	1	109h2	4
Evaporation (includes steam losses)	109i1	3	109i2	65
Consumption	109j1		109j2	
Other*	109k1		109k2	
Facility discharges and volume Total Item 9.	109l1	5	109l2	192
*If there are discharges to 'other,' specify.	109m1			

10. Permits, Licenses and Applications
List all existing, pending or denied permits, licenses and applications related to discharges from this facility (see instructions).

	Issuing Agency	For Agency Use	Type of Permit or License	ID Number	Date Filed YR/MO/DA	Date Issued YR/MO/DA	Date Denied YR/MO/DA	Expiration Date YR/MO/DA
110	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)
*1.	Ill EPA		Con/Op	1976 EB 961	75/05/30	76/07/09	NA	NA
*	US EPA		NPDES	IL 000 1619	71/09/29	75/02/25	NA	78/10/01
2.								
			*These were issued to and held by former owner,					
3.			Rexene Styrenics Company, Division of Dart					
			Industries.					

11. Maps and Drawings
Attach all required maps and drawings to the back of this application.(see instructions)

12. Additional Information

112 Item Number	Information

STANDARD FORM C – MANUFACTURING AND COMMERCIAL

FOR AGENCY USE

SECTION II. BASIC DISCHARGE DESCRIPTION

Complete this section for each discharge indicated in Section I, Item 9, that is to surface waters. This includes discharges to municipal sewerage systems in which the wastewater does not go through a treatment works prior to being discharged to surface waters. Discharges to wells must be described where there are also discharges to surface waters from this facility. **SEPARATE DESCRIPTIONS OF EACH DISCHARGE ARE REQUIRED EVEN IF SEVERAL DISCHARGES ORIGINATE IN THE SAME FACILITY.** All values for an existing discharge should be representative of the twelve previous months of operation. If this is a proposed discharge, values should reflect best engineering estimates.

ADDITIONAL INSTRUCTIONS FOR SELECTED ITEMS APPEAR IN SEPARATE INSTRUCTION BOOKLET AS INDICATED. REFER TO BOOKLET BEFORE FILLING OUT THESE ITEMS.

1. Discharge Serial No. and Name		
a. **Discharge Serial No.** (see instructions)	201a	001
b. **Discharge Name** Give name of discharge, if any. (see instructions)	201b	Final Outfall to Des Plaines River
c. **Previous Discharge Serial No.** If previous permit application was made for this discharge (see Item 4, Section I), provide previous discharge serial number.	201c	001
2. Discharge Operating Dates		
a. **Discharge Began Date** If the discharge described below is in operation, give the date (within best estimate) the discharge began.	202a	66 04 (YR MO)
b. **Discharge to Begin Date** If the discharge has never occurred but is planned for some future date, give the date (within best estimate) the discharge will begin.	202b	NA (YR MO)
c. **Discharge to End Date** If discharge is scheduled to be discontinued within the next 5 years, give the date (within best estimate) the discharge will end.	202c	NA (YR MO)
3. Engineering Report Available Check if an engineering report is available to reviewing agency upon request. (see instructions)	203	No ☐

4. Discharge Location Name the political boundaries within which the point of discharge is located.

			Agency Use	
State	204a	Illinois	204d	
County	204b	Will	204e	
(if applicable) City or Town	204c	Joliet	204f	

5. Discharge Point Description Discharge is into (check one): (see instructions)

Stream (includes ditches, arroyos, and other intermittent watercourses)	205a	☒ STR
Lake		☐ LKE
Ocean		☐ OCE
Municipal Sanitary Wastewater Transport System		☐ MTS
Municipal Combined Sanitary and Storm Transport System		☐ MCS

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Environmental Protection Agency
DWPC, Permit Section
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EPA Form 7550-23 (7-73)

This section contains 9 pages.

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Municipal Storm Water Transport System		☐ STS
Well (Injection)		☐ WEL
Other		☐ OTH
If 'other' is checked, specify	205b	

6. **Discharge Point — Lat/Long** Give the precise location of the point of discharge to the nearest second.

Latitude	206a	41 DEG 25 MIN 10 SEC
Longitude	206b	88 DEG 11 MIN 50 SEC

7. **Discharge Receiving Water Name** Name the waterway at the point of discharge.(see instructions)

207a: Des Plaines River

If the discharge is through an outfall that extends beyond the shoreline or is below the mean low water line, complete Item 8.

207b:

For Agency Use		
Major	Minor	Sub

207c:

For Agency Use
303e

8. **Offshore Discharge**

a. **Discharge Distance from Shore** 208a: NA feet

b. **Discharge Depth Below Water Surface** 208b: NA feet

9 **Discharge Type and Occurrence**

a. **Type of Discharge** Check whether the discharge is continuous or intermittent. (see instructions) 209a:
☒ (con) Continuous
☐ (int) Intermittent

b. **Discharge Occurrence Days per Week** Enter the average number of days per week (during periods of discharge) this discharge occurs. 209b: 7 days per week

c. **Discharge Occurrence** —Months If this discharge normally operates (either intermittently, or continuously) on less than a year-around basis (excluding shutdowns for routine maintenance), check the months during the year when the discharge is operating. (see instructions) 209c:

☒ JAN	☒ FEB	☒ MAR	☐ APR
☒ MAY	☒ JUN	☒ JUL	☐ AUG
☒ SEP	☒ OCT	☒ NOV	☐ DEC

Complete Items 10 and 11 if "intermittent" is checked in Item 9.a. Otherwise, proceed to Item 12.

10. **Intermittent Discharge Quantity** State the average volume per discharge occurrence in thousands of gallons. 210: NA thousand gallons per discharge occurrence.

11. **Intermittent Discharge Duration and Frequency**

a. **Intermittent Discharge Duration Per Day** State the average number of hours per day the discharge is operating. 211a: NA hours per day

b. **Intermittent Discharge Frequency** State the average number of discharge occurrences per day during days when discharging. 211b: NA discharge occurrences per day

12. **Maximum Flow Period** Give the time period in which the maximum flow of this discharge occurs. 212: From NA (month) to NA (month)

DISCHARGE SERIAL NUMBER

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13. **Activity Description** Give a narrative description of activity producing this discharge.(see instructions)

213a

a. Supension polymerization of styrene and ABS to form polymer beads.

b. Synthesis of an ABS latex emulsion, followed by coagulation, filtration, and drying to form polymer cake.

c. Extrusion of materials from a and b into pellets and sheets.

14. **Activity Causing Discharge** For each SIC Code which describes the activity causing this discharge, supply the type and maximum amount of either the raw material consumed (Item 14a) or the product produced (Item 14b) in the units specified in Table I of the Instruction Booklet. For SIC Codes not listed in Table I, use raw material or production units normally used for measuring production.(see instructions)

a. **Raw Materials**

214a

SIC Code (1)	Name (2)	Maximum Amount/Day (3)	Unit (See Table I) (4)	Shared Discharges (Serial Number) (5)
2821	Styrene (monomer)	165	L-1	NA

b. **Products**

214b

SIC Code (1)	Name (2)	Maximum Amount/Day (3)	Unit (See Table I) (4)	Shared Discharges (Serial Number) (5)

DISCHARGE SERIAL NUMBER

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15. Waste Abatement

a. Waste Abatement Practices
Describe the waste abatement practices used on this discharge with a brief narrative. (see instructions)

215a

Narrative: ABS effluent is recycled with the ABS process, and an on-site activated sludge waste treatment plant is operated for the other effluents. The plant includes equilization pond, bio-oxidation lagoon, clarifier, coagulator, neutralization, final settling lagoon, and polish filtration (as required). Treated effluent is discharged to the Des Plaines River at Point 001.

b. Waste Abatement Codes
Using the codes listed in Table II of the Instruction Booklet, describe the waste abatement processes for this discharge in the order in which they occur if possible.

215b

(1) ESEPAR, (2) RECYCL, (3) PEQUAL,
(4) BACTIV, (5) PSKIMC, (6) CCOAGU,
(7) BPOLIS, (8) STHICK, (9) SWETCO,
(10) _____, (11) _____, (12) _____,
(13) _____, (14) _____, (15) _____,
(16) _____, (17) _____, (18) _____,
(19) _____, (20) _____, (21) _____,
(22) _____, (23) _____, (24) _____,
(25) _____.

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16. Wastewater Characteristics

Check the box beside each constituent which is present in the effluent (discharge water). This determination is to be based on actual analysis or best estimate.(see instructions)

Parameter 216	Present	Parameter 216	Present
Color 00080		Copper 01042	
Ammonia 00610	X	Iron 01045	X
Organic nitrogen 00605		Lead 01051	X
Nitrate 00620		Magnesium 00927	
Nitrite 00615		Manganese 01055	
Phosphorus 00665	X	Mercury 71900	X
Sulfate 00945	X	Molybdenum 01062	
Sulfide 00745		Nickel 01067	
Sulfite 00740		Selenium 01147	
Bromide 71870		Silver 01077	
Chloride 00940		Potassium 00937	
Cyanide 00720		Sodium 00929	
Fluoride 00951		Thallium 01059	
Aluminum 01105		Titanium 01152	
Antimony 01097		Tin 01102	
Arsenic 01002		Zinc 01092	X
Beryllium 01012		Algicides* 74051	
Barium 01007		Chlorinated organic compounds* 74052	
Boron 01022		Pesticides* 74053	
Cadmium 01027		Oil and grease 00550	X
Calcium 00916		Phenols 32730	X
Cobalt 01037		Surfactants 38260	
Chromium 01034		Chlorine 50060	
Fecal coliform bacteria 74055		Radioactivity* 74050	

*Specify substances, compounds and/or elements in Item 26.

Pesticides (insecticides, fungicides, and rodenticides) must be reported in terms of the acceptable common names specified in *Acceptable Common Names and Chemical Names for the Ingredient Statement on Pesticide Labels*, 2nd Edition, Environmental Protection Agency, Washington, D.C. 20250, June 1972, as required by Subsection 162.7(b) of the Regulations for the Enforcement of the Federal Insecticide, Fungicide, and Rodenticide Act.

DISCHARGE SERIAL NUMBER

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17. Description of Intake and Discharge

For each of the parameters listed below, enter in the appropriate box the value or code letter answer called for.(see Instructions)

In addition, enter the parameter name and code and all required values for any of the following parameters if they were checked in Item 16; ammonia, cyanide, aluminum, arsenic, beryllium, cadmium, chromium, copper, lead, mercury, nickel, selenium, zinc, phenols, oil and grease, and chlorine (residual).

Parameter and Code 217a	Influent		Effluent						
	Untreated Intake Water (Daily Average) (1)	In-Plant Treated Intake Water (Daily Average) (2)	Daily Average (3)	Minimum Value Observed or Expected During Discharge Activity (4)	Maximum Value Observed or Expected During Discharge Activity (5)	Frequency of Analysis (6)	Number of Analyses (7)	Sample Type (8)	
Flow* ~~Gallons per day~~ MGD ~~00056~~ 50050		0.150	0.159	0.080	0.250	Cont	NA	NA	
pH Units 00400		7.0	X	6.6	9.0	1/7	52	G	
Temperature (winter) ° F 74028		50	55	50	60	7/7	365	G	*
Temperature (summer) ° F 74027		60	80	70	90	7/7	365	G	*
Biochemical Oxygen Demand (BOD 5-day) mg/l 00310		<2.0	5.0	1.0	30	3/7	156	24	
Chemical Oxygen Demand (COD) mg/l 00340		<5.0	60	4.0	550	3/7	156	24	
Total Suspended (nonfilterable) Solids mg/l 00530		<2.0	8.5	2.0	60	3/7	156	24	
Specific Conductance micromhos/cm at 25° C 00095		15	X						
Settleable Matter (residue) ml/l 00545		<2.0							

*Other discharges sharing intake flow (serial numbers).(see instructions) * 1974

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FOR AGENCY USE

17. (Cont'd.)

Parameter and Code 217a All below in mg/liter except Hg	Influent		Effluent					
	Untreated Intake Water (Daily Average) (1)	In-Plant Treated Intake Water (Daily Average) (2)	Daily Average (3)	Minimum Value Observed or Expected During Discharge Activity (4)	Maximum Value Observed or Expected During Discharge Activity (5)	Frequency of Analysis (6)	Number of Analyses (7)	Sample Type (8)
TDS		25	4050	2600	7500	1/7	52	24
Fe 01045		<1.0	0.40	0.08	2.0	2/30	24	24
O&G 00550		<1.0	6.0	1.0	15	1/7	52	24
NH_3		<1.0	0.60	0.08	3.0	1/7	52	24
P		<1.0	0.30	0.10	0.50	1/30	12	720 *
SO_4		<15	2250	1400	3000	1/30	12	720 *
Pb		<0.10	0.08	0.05	0.10	1/30	12	720 *
Hg		<1.0	0.20	0.20	0.20	1/30	12	720 *
Zn		<1.0	0.30	0.10	0.50	1/30	12	720 *
Phenol		<0.01	0.01	0.005	0.05	1/30	12	720 *

18. Plant Controls Check if the following plant controls are available for this discharge. 218

Alternate power source for major pumping facility. ☒ APS

Alarm or emergency procedure for power or equipment failure ☒ ALM

Complete Item 19 if discharge is from cooling and/or steam water generation and water treatment additives are used.

19. Water Treatment Additives If the discharge is treated with any conditioner, inhibitor, or algicide, answer the following:

a. Name of Material(s) 219a NA

b. Name and address of manufacturer 219b NA

c. Quantity (pounds added per million gallons of water treated). 219c NA

* 1974

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d. Chemical composition of these additives (see instructions). 219d — NA

Complete items 20-25 if there is a thermal discharge (e.g., associated with a steam and/or power generation plant, steel mill, petroleum refinery, or any other manufacturing process) and the total discharge flow is 10 million gallons per day or more. (see instructions)

20. Thermal Discharge Source Check the appropriate item(s) indicating the source of the discharge. (see instructions) — 220 — NA

- Boiler Blowdown — ☐ BLBD
- Boiler Chemical Cleaning — ☐ BCCL
- Ash Pond Overflow — ☐ APOF
- Boiler Water Treatment -- Evaporator Blowdown — ☐ EPBD
- Oil or Coal Fired Plants — Effluent from Air Pollution Control Devices — ☐ OCFP
- Condense Cooling Water — ☐ COND
- Cooling Tower Blowdown — ☐ CTBD
- Manufacturing Process — ☐ MFPR
- Other — ☐ OTHR

21. Discharge/Receiving Water Temperature Difference

Give the maximum temperature difference between the discharge and receiving waters for summer and winter operating conditions. (see instructions)

- Summer — 221a — NA °F.
- Winter — 221b — NA °F.

22. Discharge Temperature, Rate of Change Per Hour — 222 — NA °F./hour

Give the maximum possible rate of temperature change per hour of discharge under operating conditions. (see instructions)

23. Water Temperature, Percentile Report (Frequency of Occurrence)

In the table below, enter the temperature which is exceeded 10% of the year, 5% of the year, 1% of the year and not at all (maximum yearly temperature). (see instructions)

NA

Frequency of occurrence

		10%	5%	1%	Maximum
a.	Intake Water Temperature (Subject to natural changes) 223a	°F	°F	°F	°F
b.	Discharge Water Temperature 223b	°F	°F	°F	°F

24. Water Intake Velocity (see instructions) — 224 — NA feet/sec.

25. Retention Time Give the length of time, in minutes, from start of water temperature rise to discharge of cooling water. (see instructions) — 225 — NA minutes

DISCHARGE SERIAL NUMBER

FOR AGENCY USE

26. Additional Information

226

Item	Information
17	Essentially all intake water, other than that for cooling tower make-up and sanitary, is demineralized and degassified.

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FOR AGENCY USE

STANDARD FORM C – MANUFACTURING AND COMMERCIAL

SECTION III. WASTE ABATEMENT REQUIREMENTS & IMPLEMENTATION (CONSTRUCTION) SCHEDULE

This section requires information on any uncompleted implementation schedule which may have been imposed for construction of waste abatement facilities. Such requirements and implementation schedules may have been established by local, State, or Federal agencies or by court action. In addition to completing the following items, a copy of an official implementation schedule should be attached to this application. IF YOU ARE SUBJECT TO SEVERAL DIFFERENT IMPLEMENTATION SCHEDULES, EITHER BECAUSE OF DIFFERENT LEVELS OF AUTHORITY IMPOSING DIFFERENT SCHEDULES (Item 1a.) AND/OR STAGED CONSTRUCTION OF SEPARATE OPERATION UNITS (Item 1c), SUBMIT A SEPARATE SECTION III FOR EACH ONE.

FOR AGENCY USE
SCHED. NO. _____

1. **Improvements** NA — 300

   a. **Discharge Serial Number Affected** List the discharge serial numbers, assigned in Section II, that are covered by this implementation schedule. — 301a _____, _____, _____, _____, _____, _____.

   b. **Authority Imposing Requirements** Check the appropriate item indicating the authority for implementation schedule. If the identical implementation schedule has been ordered by more than one authority, check the appropriate items. (see instructions) — 301b

   - Locally developed plan ☐ LOC
   - Areawide Plan ☐ ARE
   - Basic Plan ☐ BAS
   - State approved implementation schedule ☐ SQS
   - Federal approved water quality standards implementation plan. ☐ WQS
   - Federal enforcement procedure or action ☐ ENF
   - State court order ☐ CRT
   - Federal court order ☐ FED

   c. **Facility Requirement.** Specify the 3-character code of those listed below that best describes in general terms the requirement of the implementation schedule and the applicable six-character abatement code(s) from Table II of the Instruction booklet. If more than one schedule applies to the facility because of a staged construction schedule, state the stage of construction being described here with the appropriate general action code. Submit a separate Section III for each stage of construction planned.

   301c — 3-character (general) _____

   301d — 6-character (specific) (see Table II) _____, _____, _____

New Facility	NEW
Modification (no increase in capacity or treatment)	MOD
Increase in Capacity	INC
Increase in Treatment Level	INT
Both Increase in Treatment Level and Capacity	ICT
Process Change	PRO
Elimination of Discharge	ELI

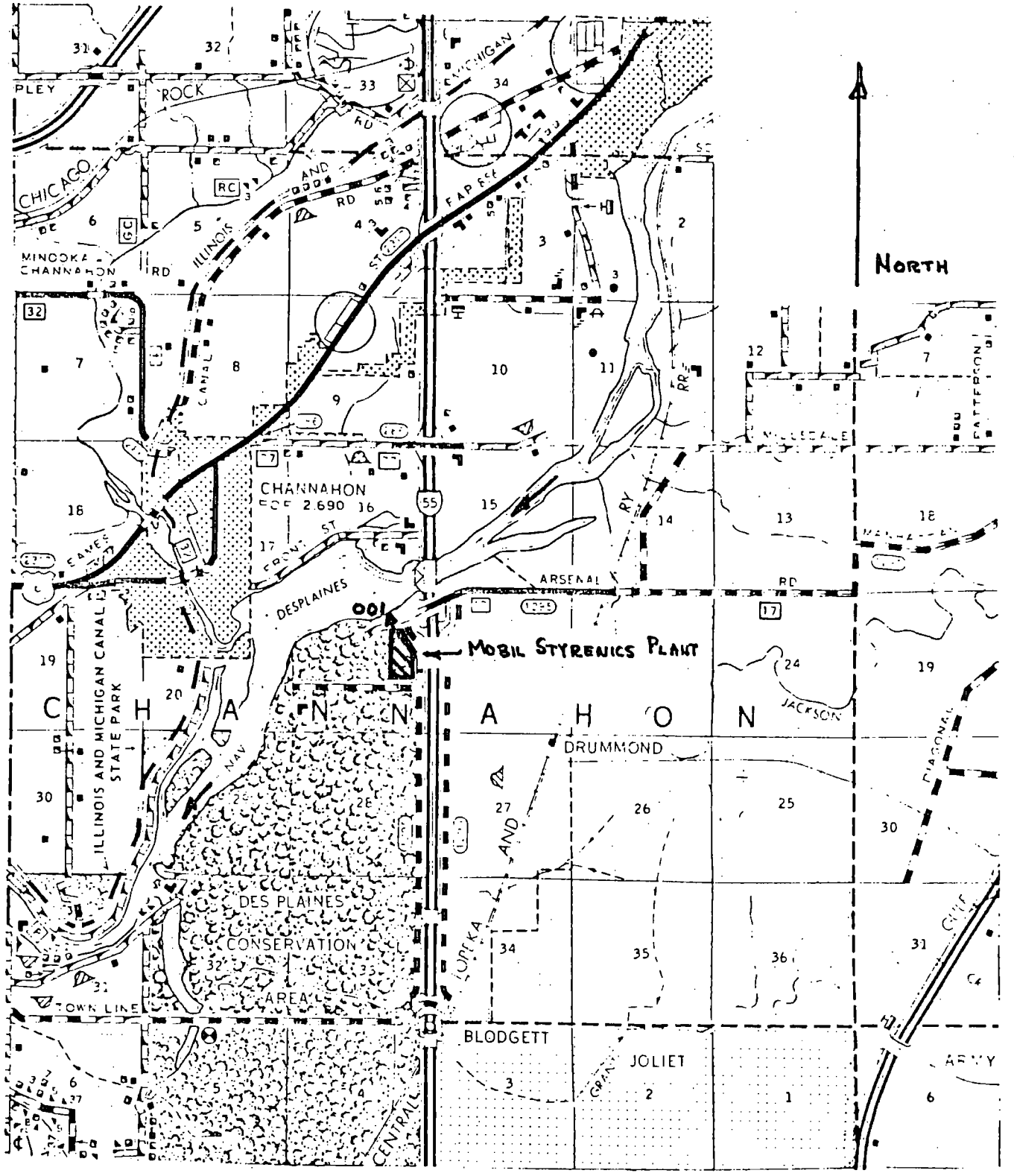
FOR AGENCY USE

NA NA

2. Implementation Schedule and 3. Actual Completion Dates

Provide dates imposed by schedule and any actual dates of completion for implementation steps listed below. Indicate dates as accurately as possible. (see instructions)

Implementation Steps		2. Schedule (Yr./Mo./Day)		3. Actual Completion (Yr./Mo./Day)
a. Preliminary plan complete	302a	___/___/___	303a	___/___/___
b. Final plan submission	302b	___/___/___	303b	___/___/___
c. Final plan complete	302c	___/___/___	303c	___/___/___
d. Financing complete & contract awarded	302d	___/___/___	303d	___/___/___
e. Site acquired	302e	___/___/___	303e	___/___/___
f. Begin action (e.g., construction)	302f	___/___/___	303f	___/___/___
g. End action (e.g., construction)	302g	___/___/___	303g	___/___/___
h. Discharge Began	302h	___/___/___	303h	___/___/___
i. Operational level attained	302i	___/___/___	303i	___/___/___



Effluent Sampling at the overflow weir, which is located downstream of the Clear Lagoon

Influent Sampling Directly from the Equilization Pond

"Location Map"
From Illinois Dept. Transportation Map
Will County, Illinois – Revised 1976
Mobil Chemical Company
Joliet Styrenics Plant

May 1, 1978 Page 1 of 1

Information required by Illinois EPA
Instruction Sheet for back of map

1. Total discharges under said permit: One

2. Name of Permittee and name of discharge point:
   Mobil Chemical Company
   Joliet Styrenics Plant
   Discharge Point 001

3. Type of discharge: Industrial

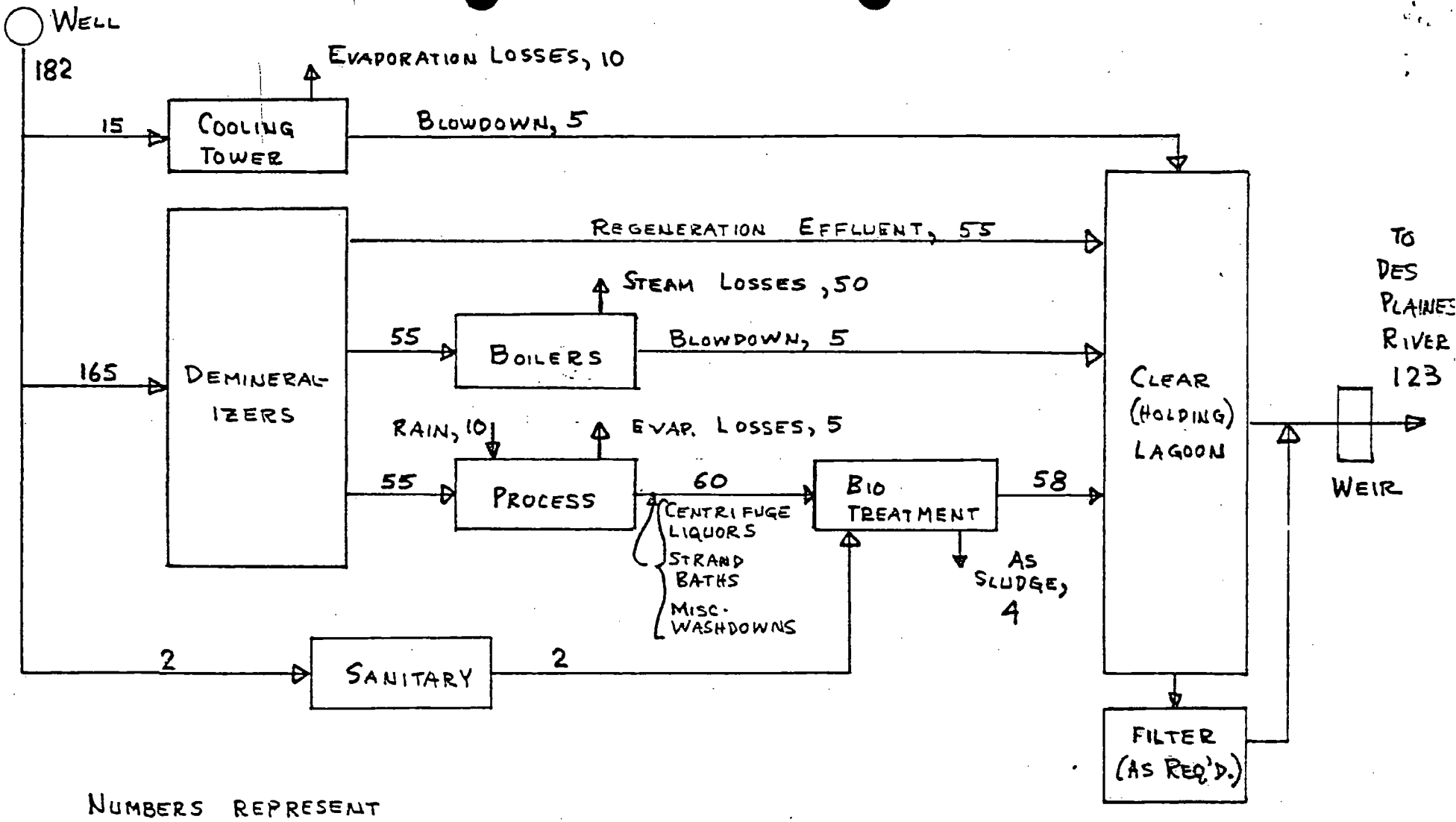
4. Frequency of discharge: Continuous

5. Latitude: 41 deg, 25 min, 10 sec
   Longitude: 88 deg, 11 min, 50 sec

6. Quarter Section: East half of section 21
   Section: 21
   Township: Channahon
   Range: 9
   P.M.: East of third

7. County: Will

8. Receiving Stream: Des Plaines River



NUMBERS REPRESENT
FLOW IN 1000 GALLONS/DAY

SCHEMATIC OF WATER FLOW
MOBIL CHEMICAL COMPANY
JOLIET, WILL, ILLINOIS

MAY 1, 1978 P. 1 OF 1